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ABSTRACT

This paper describes the examination of a national rehabilitation system in Israel which was undertaken to identify and understand that country's vocational rehabilitation strategies and methods and to evaluate their potential for use with older disabled persons in the United States. A study visit to Israel is described which focused on policies and programs that provide assistance to older disabled persons seeking to return to employment. An overview of rehabilitation in Israel is provided, the history of Israel's rehabilitation policy is reviewed, and the social philosophy of rehabilitation in Israel is discussed. Three key elements of this philosophy are elaborated: the restoration of flexibility and freedom of choice to the client; careful diagnosis and coordination of rehabilitation services using a team approach; and a strong emphasis on recovery, defined as returning to productive activity. Some of the operational aspects of vocational rehabilitation programming are outlined, with particular attention to service provision to older clients. Six basic approaches in providing vocational rehabilitation services revealed by study site visits are explained. Research studies which have been undertaken by Israeli rehabilitation research professionals are reviewed, and the application of Israeli practices to rehabilitation policies in the United States is discussed. (NRB)

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# VOCATIONAL REHABILITATION SERVICES INTEGRATION IN ISRAEL: EMPLOYMENT OF OLDER DISABLED PERSONS

by

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Introduction

-- Exposing the unexamined assumptions of our society to an alien setting gives us a chance to look at and evaluate those assumptions from a different perspective.

Frank Herbert

Vocational rehabilitation for older disabled persons has not received significant attention or monetary support in public and private rehablitation programs throughout the world. Since older persons constitute the majority of the disabled in many western nations, and often receive most public disability benefit payments, lack of vocational rehabilitation assistance may appear to be a contradiction in terms and represent ineffective public and private policy. While there is no one explanation for the general neglect of the older disabled person, multiple reasons have been suggested. Among these are: negative stereotypes about the capacities of older persons; age discrimination in training and hiring; limited success rates in rehabilitation, training and placing older disabled persons into productive employment; cost/benefit tradeoffs based on length of employment prior to retirement; early retirement policies; lowered motivation of older persons; lack of appropriate job opportunities; lack of referral of the older disbled for vocational rehabilitation; higher program dropout rates; etc. In general, an older disabled person today is considered to be a poor risk for vocational rehabilitation for reasons that often have little to do with placement potential. There is an overriding assumption that the "old" cannot work.

In addition, at least in the United States, recovery after disability benefit eligibility is a rare event particularly for older beneficiaries and only about 25 percent of all the recently disabled receive rehabilitation services (most of which are physical

therapy and assistive devices). Finally, labor force participation rates for those with work related disabilities are reduced with increasing age. All of this leads to the conclusion that under present circumstances, older disabled persons are less likely to receive vocational rehabilitation and to be placed in competitive or sheltered employment.

Yet, as with all vocational rehabilitation recipients, we know so little about factors influencing successful employment outcome that attributing limited success to the factor of age is clearly not warranted. For example, we know that recovery from disability through return to employment is associated with age, sex, number of dependents, level of impairment, prior earnings, prior education, level of disability benefits and income replacement rate. However, we understand little about the interaction among these variables. We know that income incentives alone do not explain lack of recovery and that individual motivation is a very important factor influencing recovery. In general we have only limited information about the effects of these factors on behavior and their salience for particular individuals. Much more research is necessary to examine relationship between client characteristics, rehabilitation intervention strategies and vocational outcomes. It is well recognized that it is not possible to develop probability of success measures using aggregate survey data on the disabled population.

Have we mistakenly concluded that older disabled persons are such poor risks for vocational rehabilitation that despite their number and proportion, resource allocations for them should continue to be limited and service provision correspondingly reduced? If our beliefs are erroneous, is this due to a fundamental misunderstanding based on inaccurate assumptions about the effects of age on rehabilitation outcomes or to lack of information on rehabilitation approaches that would provide better placement results for

older persons? Without more research it is difficult to answer this question. But, now that the relationship between age and disability is receiving national attention in the U.S., it is appropriate to examine the issue of vocational rehabilitation for the older disabled.

Numerous studies of U.S. rehabilitation policy and practice have identified many variations in the Federal-State rehabilitation system, from the lack of unified authority and responsibility for disability benefits and rehabilitation services, to the great variability in referral practices, to large differences in service provision. Many models for improved service delivery have been proposed and numerous demonstration programs conducted in efforts to improve rehabilitation outcomes and enhance employment. While some experiments have been successful, overall unemployment rates for the disabled remain very high and show little prospect of receding. The problem is even more severe for the older disabled person who faces multiple forms of discrimination based on age, disability and sometimes, socio-economic status. The U.S. however is not unique with regard to these barriers and is certainly not alone in having an economy which is inhospitable in providing employment for the disabled, the old and the disadvantaged. Other nations face these problems as well and attempt to resolve them in a variety of ways.

In addition to questioning the assumption that the older disabled are inherently poor risks for vocational rehabilitation, questions can also be raised about the effects of rehabilitation policies and systems for this population. Does a policy which separates income maintenance and rehabilitation services produce adverse results for the older disabled? Are linkages between social insurance, rehabilitation and employment systems feasible? Can older persons be adequately served in a rehabilitation program for clients of all ages? Can team based assessment procedures involving medical, social service and

employment professionals be effectively implemented in a national rehabilitation program? What are the most effective ways to establish linkages between physical, social and vocational rehabilitation? One approach for developing answers to these questions might be to examine many demonstration and experimental programs that have been introduced in this country and attempt to formulate some conclusions based on their results. Another and potentially more promising approach is to review the issues by examining a national rehabilitation system of relatively recent origin which has attempted to address many of the policy and program questions based on the experience of the U.S. and other nations having longer experience.

A rehabilitation policy and system meeting the above requirement exists in the State of Israel, a nation which perhaps more than any other in this century, has faced enormous rehabilitation problems since (and even before) its establishment in 1948. And a State, which despite severe economic problems, wars and very high defense expenditures, has developed and implemented since 1974, a general disability and rehabilitation program with major emphasis on vocational rehabilitation and re-employment. By examining this system and exposing our unexamined assumption to its practices, we may be able to identify and understand successful and unsuccessful vocational rehabilitation strategies and methods and evaluate their potential for our own society.

Study Visit to Israel

Based on prior knowledge of the Israeli disability-rehabilitation system, its general objectives and accomplishments, a World Rehabilitation Fund, International Exchange of Experts in Rehabilitation Fellowship Study was conducted to develop more detailed information of Israeli policies and practices for rehabilitation professionals in the U.S.

and throughout the world. The study visit was focused on policies and programs that provided assistance to older disabled persons seeking to return to employment. The study was designed to investigate techniques used to enhance employment potential including: entry into the rehabilitation system; client assessment; employment related counseling; job development; placement and follow-up. An additional purpose of the study was to examine new approaches to employment related functional assessment evaluation methods being used in Israel. The study examined rehabilitation and employment programs and assessment techniques by reviewing operational aspects of the Israeli rehabilitation system. (An understanding of national disability and rehabilitation policy was needed in order to properly examine and evaluate program operations). A special focus of the study was on innovative programs and practices which might have direct application potential in the United States context.

In planning the study visit, three circumstances were recognized: (1) In Israel as in other countries, vocational rehabilitation services are provided through a variety of auspices and programmatic approaches; (2) several government ministries are involved in supporting the provision of services; and (3) to a great extent, older persons are included in rehabilitation programs for adults and service provision is not allocated on the basis of age. Recognition of these factors resulted in a study plan that permitted multiple site visits to a variety of rehabilitation programs, discussions with national social insurance, rehabilitation, social welfare and labor policy officials, visits to local branches of national ministries, visits to specialized comprehensive rehabilitation programs and discussions with business executives and association officials. (A listing of site visits and discussions appear in Table 1). An effort was therefore made to develop an understanding of overall disability and rehabilitation policies in Israel as these relate to operational service programs.

The overall study visit was coordinated through the auspices of the JDC-Brookdale Institute of Gerontology and Adult Human Development in Israel. The Brookdale Institute, established in 1974 through grants from the Brookdale Foundation and the American Jewish Joint Distribution Committee, is the only institute in Israel devoted to the study of aging. It serves as a national center for research on policy, programming, practice and education related to problems of the aging in society. The Institute is a Special Collaborating Institution of Gerontology for the World Health Organization and continuously sponsors exchange visits for U.S. scholars and policy professionals. Dr. Jack Habib, Institute Director, assisted with the preparation of an initial study visit itinerary which was expanded as the visit was conducted. All discussions and site visits were conducted in-person and documented using a standard report format. Extensive documentation of each discussion and site visit were summarized and entered on report formats.

In addition to being useful for U.S. professionals, this study visit was received with considerable interest by Israeli policy and program personnel in the National Insurance Institute, the Ministry of Labor and Social Affairs, the Ministry of Defense, as well as many rehabilitation, health and social service providers. For this reason, the Brookdale Institute intends to publish and distribute a special monograph on the study visit.

Rehabilitation in Israel: An Overview

In considering the development of rehabilitation policies and programs in Israel, it is important to understand some basic aspects of Israeli society especially related to population, general social values and development of social services.

Israel is a geographically small nation founded in 1948 which now has a population of nearly 4 million of whom 85 percent are of Jewish origin. Of these 3.4 million

persons, about 43 percent are immigrants who came to Israel from countries throughout the world. Today, the majority of Israelis (57 percent) were born in the country and are the children of families who have lived there for generations, who immigrated as pioneers in the late 1800's and early 1900's (prior to the establishment of the State), or who immigrated as a result of the Holocaust in Europe or persecution in other countries. The overall population is relatively young -- 67 percent are less than 35 years old, 84 percent not yet 55 and 91 percent under 65. But the Jewish population is aging rapidly having increased from 5 percent in 1965 to nearly 10 percent today. The labor force consists of 1.4 million persons concentrated in administrative and technical, clerical, service, and production and transportation occupations. Women now account for 36 percent of all employed and 48 percent of all industrial workers. Thirty percent of the labor force work in public and community services, a relatively high percentage by international standards. Unemployment rates have been historically low but have increased recently to slightly over 5 percent.

Israel is a democracy with a heterogeneous population including people of many different cultural backgrounds, social and religious practices. Because of historical precendent established in Jewish communities thoughout the world, the values of providing for the less able in society and of family and community life remain strong, even in today's modern bureaucratic state. Self-help and volunteer services continue to be very important in Israeli society and are particularly necessary for maintaining community centers, day care for children and services for the aged. From the inception of the State, a strong social welfare orientation has characterized the nation. This is fundamentally a function of Jewish tradition but was enhanced by the conception of social democracy envisioned by Israel's founders and by the necessity of immediately providing massive social welfare services for immigrants entering the State between 1948 and 1960. As will become clear, these services were in fact rehabilitative in nature

and formed the basis of later formal policies for disability benefits and rehabilitation services.

All political parties in Israel and thus any government in power at a particular point in time, remain committed to maintaining social stability and thus have continued to allocate substantial resources for social welfare programs in spite of severe budgetary constraints and very high inflation in the economy. The introduction of a formal disability and rehabilitation program into the national social insurance system in 1974 can be seen as an outgrowth of earlier rehabilitation efforts and a response to increasing rates of disability which have characterized most developed nations. In general then the following points can be highlighted:

- Israeli society is characterized by a well developed social welfare service system which is now becoming more responsive to problems such as disability, mental illness, retardation, family counseling, alcohol and drug abuse, etc.
- Social services are no longer generally crisis oriented and are planned in order to achieve specific objectives.
- In times of economic constraint, the maintenance of high levels of services remains a priority and alternatives are sought to preserve rather than reduce services.
- Recognition of population aging has led to the development of increased services particularly at the community level. Occupational centers for the aging are now a recognized need.
- Despite retention of strong family, community, volunteer and self-help values, there has been a tendency for the government to institutionalize social service programs for various target groups in the society.
- Despite retention of strong family, community, volunteer and self-help values, there has been a tendency for the government to institutionalize social service programs for various target groups in the society.
- While some barriers may exist, there appears to be little difficulty in providing age-integrated services in community programs and many social service programs including vocational rehabilitation.

Rehabilitation Policy in Israel

Before the development of a national disability and rehabilitation program in 1974, Israel had long experience in assisting disabled people. The massive immigration that took place after the establishment of the State created an influx of large numbers of physically, mentally and socially handicapped persons requiring immediate assistance. From its very first days therefore, Israel had to develop broad based rehabilitation for persons having a wide range of impairments including in addition to physical and mental disabilities, low educational attainment, lack of job skills or work habits, economic deprivation, limited work histories, etc. Very substantial programmatic efforts were undertaken to ameliorate such "disabilities". These rehabilitation programs were considered as transitional emergency services to meet critical needs of new immigrants. Thus, the programs did not directly develop into long-term legally mandated social welfare services for the disabled. But, the requirement to develop a broadly defined rehabilitation approach, certainly influenced widespread recognition of the disabled and led to several specific legally enacted disability assistance programs.

The first of these were those of the Ministry of Defen , providing income and rehabilitation to disabled veterans and of the National Insurance Institute, providing similar assistance to persons disabled through employment related injuries. These programs, initiated in the 1950's, were designed to assist individuals in need and improve their return to work potential in a society that needed as much human resou ce productivity as possible. These two programs were disability oriented -- that is -- designed to provide assistance to those whose impairments resulted in reduced ability to perform normal activities and functions but whose functional level could be improved through treatment and accommodation of impairments. Eligibility for assistance was not based on capacity to earn but rather on normative functional levels. Those receiving such assistance from the Ministry of Defense now constitute about 2 percent of the total

civilian labor force; those receiving assistance based on work related injuries, less than 1 percent of the labor force. Growth of recipients in both of these programs has tended to stabilize although hostile military action could increase persons eligible for Ministry of Defense disability and rehabilitation benefits.

Until 1970, these two programs along with special rehabilitation benefits for widows, dependents and certain other victims of wars, constituted Israeli social welfare policy for the disabled. However, increasing rates of general disability in the population (caused by such problems as internal disease, neurological, locomotor sight, hearing, etc.) led to the enactment of the General Disability Law in 1970 and its implementation in 1974. This "new" legislation covers the majority of the disabled in Israel and is clearly oriented toward the consequences of impairment or disability on maintenance of productive activity through employment. (Some have suggested that this is a "handicapped" type of orientation since it related to the social consequences of impairment). The General Disability Program is administered by the National Insurance Institute and covers all persons who become disabled because of physical, mental or intellectual impairment and who are unable to continue to earn their own living through employment. Loss of at least 50 percent of earning capacity is necessary in order to be eligible for benefits. An important part of the law provides that insured persons having a medical disability of 20 percent or more, are automatically eligible for vocational rehabilitation services. (Five percent of employer and employee contributions which fund the program are set aside for rehabilitation services costs). These services can be extensive and include education, training, diagnostic services, guidance and counseling, special aids, transportation, etc. (Additional legislation enacted in 1975 provides for mobility benefits -- loans and grants for purchase of automobilies and monthly payments for maintenance).

Viewed by international standards, the Israeli disability benefit, 25 percent of the average wage if the beneficiary is 100 percent disabled, is not very liberal. (Note: benefit increments are also provided for dependent spouses and children and benefits are indexed to the cost of living). But, few policy-makers fail to mention that the availability of the benefit sometimes serves as a disincentive to rehabilitation and return to employment.

In 1983, nearly 61,000 persons were receiving General Disability benefits, a more than 100 percent increase since 1978. However, program growth has slowed to approximately 10-12 percent annually since 1980. The generally disabled comprise nearly 5 percent of the labor force and when all types of disability are considered (employment injured, hostile action casualties, generally disabled, widows/widowers and dependents of employment injured, generally disabled and welfare recipients), over 10 percent of the labor force are in receipt of disability assistance payments. In terms of the ages of recipients, the Israeli General Disability Program reflects the international trend toward older disabled populations. Nearly one-third of recipients are 55-65 years of age and about 50 percent are 45 or over.

The Department of Rehabilitation of the National Insurance Institute provides rehabilitation services for all types of disabled persons; diagnostic services to establish eligibility, special counseling services and assists in policy planning. While the number of clients serviced annually, approximately 12,000 is sizeable, only about one-fourth are beneficiaries under General Disability. As in many public rehabilitation programs, job placements are difficult to achieve although placement rates have been improving consistently since 1977.

In Israel, the greatest challenge is to achieve successful vocational rehabilitation through more placements in competitive employment for more of the Generally Disabled. Creating independence and choice for disabled persons is an important objective of national policy. Provision of rehabilitation services is the responsibility of social workers who usually receive special in-service training in rehabilitation service provision. Regular social work skills of case work, group work, community intervention, family therapy, counseling, etc., are fundamental to rehabilitation practice in Israel. (Israel does not have "rehabilitation counselors" nor specialized professional training for this occupation). Despite the integration of income maintenance and rehabilitation in national policy, certain problems continue to limit vocational rehabilitation success. Among the most important are: low levels of education among many of the disabled; limited success with mentally ill clients; difficulties in coordination of service provision and maintaining service continuity; and limited success in developing programs to train clients in basic work habits. Recognition of these difficulties by Israeli professionals is leading to some experimentation with new approaches. As with much in Israeli society however, the most critical service priorities often influence the areas of experimentation and innovation because resources are scarce. These priorities include rapid diagnostic and eligibility determination procedures, rehabilitation of the more severly impaired and coordination of physical, social and vocational rehabilitation services.

A Social Philosophy of Rehabilitation

A full appreciation of the goals and practice of rehabilitation in Israel cannot be achieved only by knowledge of the details of policies and programs. Throughout the study visit, I was continually impressed with the overall social conceptualization of

rehabilitation as a process of restoring individuals to their fullest possible functional level. With some minor variations, nearly every policy official and professional practitioner with whom I met, initiated our discussion/site visit with some remarks (sometimes extensive) on the fundamental purposes of rehabilitation and the goals they sought to achieve. It is difficult to convey in words their depth of commitment to the social goals of rehabilitation and the general principles to be used in achieving these goals. The level of commitment was extremely high and the principles very widely shared. Distilling the key aspects of the overall philosophy of rehabilitation that emerged from numerous discussions held in Israel is not an easy process. However, after thinking about this, three key elements emerged -- restoration of flexibility and freedom of choice to the client, careful diagnosis and coordination of rehabilitation services using a team approach, and strong emphasis on "recovery" defined as returning to productive activity.

a. Restoration of flexibility

The most important goal of rehabilitation professionals is to assist clients in overcoming the social consequences of impairment or disability - the development of a handicap which can result in "fixation" of the disability. Fixation limits personal flexibility and exercise of individual choice and thus prevents development of the fullest possible restoration of functioning. Overcoming fixation is the key goal of rehabilitation intervention. The objective is to assist the handicapped person to view the impairment in its true size and proportion and thus be able to realistically assess his or her potential based on use of personal resources attributes that remain. The recognition of impairment and disability but the avoidance or diminution of its fixation in a handicap, leads to the exercise of realistic choice by the disabled, the reduction of forced decisions and the potential of active vocational life.

b. Diagnosis, service coordination and team approaches to intervention

In Israel, disability benefits and vocational rehabilitation services are determined on the basis of diagnosis and evaluation of individual cases. Diagnosis however is performed not only to evaluate eligibility for benefits and determine percentage of disability, but also as the initial step in the rehabilitation process. Thus diagnosis usually includes a team approach among physicians, psychologists, social workers, etc. Included in the process are personal interviews, medical and psychological evaluations, observation, special professional counseling and development of the rehabilitation plan and program. While not always successful, every effort is made to coordinate and

integrate service provision for each client. There is a fundamental belief that vocational rehabilitation will not be successful without a wholistic approach to the client involving linkage between medical, social and vocational services. Some innovative programs involve closely integrated service provision which includes additional interdisciplinary teams often overseen by social work professionals. Throughout the nation, rehabilitation professionals in medicine, psychology, psychiatry, community services and social work support the view that rehabilitation success depends more upon social integration, client motivation and appropriate service provision than on medical or psychological treatment alone.

c. Definition of recovery

A strong emphasis is placed on recovery for persons undergoing rehabilitation. Recovery is defined as resumption of some form of productive activity, preferably employment. Whether in specialized treatment centers, employment training facilities, sheltered settings, or offices of the Department of Rehabilitation of the National Insurance Institute, strong and consistent efforts are made to encourage clients to make progress toward recovery. Responsibility for doing so however is placed on the client and staff expectations of recovery are communicated directly. Experience has indicated that more recoveries occur when closely integrated services are provided and carefully managed by social workers. The cost of such services precludes their availability for all clients but efforts are being made to expand this type of service provision.

The overall Israeli philosophy of rehabilitation therefore involves substantial reliance on social service professionals, particularly social workers, who often have major case management responsibilities in connection with providing integrated vocational rehabilitation services. Rehabilitation is focused on individual client responsibility and avoidance of fixation of handicaps. A wholistic point of view is adopted involving making available needed services of all types and involving the families of clients in the rehabilitation process. The overall social rehabilitation of the client is emphasized and it is assumed that the attainment of improved functional capacity will not automatically lead to "recovery" from disabling impairments.

Vocational Rehabiliation Programming

With this background on Israeli rehabilitation policies and programs it is important to outline some of the operational aspects of vocational rehabilitation programming with

particular attention to service provision for older clients. The study site visits revealed six basic approaches in providing vocational rehabilitation services: (1) the programs of the Department of Rehabilitation of the National Insurance Institute; (2) the programs of the Rehabilitation Services Administration of the Ministry of Labor and Social Affairs; (3) the activities of the Labor Exchange and Employment Service; (4) specialized programs of the Ministry of Defense and hospital based rehabilitation programs; (5) sheltered employment programs; and (6) a small number of private sector programs. To an extent, many of these programs overlap in the sense that there is an exchange of clients between them in order to facilitate appropriate rehabilitation services. Two important characteristics of most vocational rehabilitation programs are: decentralized intake, diagnosis, rehabilitation planning and service delivery; and, direct face-to-face evaluation of clients by practitioner teams in making diagnoses and developing rehabilitation plans. It is believed that these approaches introduce efficiency within the system and lead to improved rehabilitation plans for clients.

Earlier it was noted that older persons are integrated in nearly all rehabilitation programs and receive services as do other client. In practice this results in a nominal limitation of services for persons over age 60. (Normal retirement ages in Israel are 60 for women and 56 for men). Despite being informed of this de facto limitation, in nearly every rehabilitation facility visited, persons well over the age of 60 were receiving services. Thus the extent to which persons over this age are actually excluded is difficult to evaluate. In connection with placement in employment, it is assumed that it is more difficult to place persons over age 55 and such clients are more often placed in sheltered workshop settings. Observations made in Israel tended to confirm this information. In Israel as in the U.S., there is no special emphasis placed on vocational rehabilitation of the <u>older</u> disabled to enhance their likelihood of securing employment. On the other hand, and more importantly, there is no exclusion of older clients from available service programs.

The first lines of defense in rehabilitation are the regional offices of the National Insurance Institute's Department of Rehabilitation. It is here that most of the Generally Disabled come for diagnostic and treatment planning. Teams of specialists evaluate clients, develop plans and provide access to a wide variety of services including on-the-job training, vocational training, supplementary education, higher education, assistance to the self-employed, assistance securing competitive or sheltered employment, counseling and follow-up of 6-12 months. Case workers also refer clients to the Labor Exchange operated by the Ministry of Labor and Social Affairs. Basically, the Exchange functions as an employment placement service but also provides personal evaluation, job counseling, and job search skills for clients. Sometimes, both the Labor Exchange and the Rehabilitation Department of the National Insurance Institute refer clients to the Manpower Training and Development Bureau which provides vocational training for adults. After receiving training, clients are referred back to the Labor Exchange for placement.

Disabled clients who require specialized vocational rehabilitation services can be referred to one of 16 Rehabilitation Centers operated by the Rehabilitation Services Administration of the Ministry of Labor and Social Affairs. Centers accept referrals from a variety of sources including National Insurance, the Labor Exchange, social agencies, health services agencies, the Ministry of Defense, schools, the community, etc. Centers serve clients with all types of disabilities but client populations tend to be relatively young. Centers are engaged primarily in evaluation of capabilities and in work readiness programs. A team approach is used involving social workers, physicians, psychiatrists, instructors and placement officers. Placements are made in a variety of settings including competitive employment, sheltered workshops, schools, on-the-job training, vocational training, etc. Considerable flexibility is introduced in the

rehabilitation system because of decentralization. Diagnostic teams can decide what the most appropriate services for individual clients are and where these can be secured.

In addition to these programs which serve the majority of the General Disability caseload and others such as the employment injured, veterans and widows, there are several specialized vocational rehabilitation programs serving particular types of clients. The two most significant programs are those of the Ministry of Defense and the special Vocational Rehabilitation and Training Center at the Lowenstein Rehabilitation Hospital near Tel Aviv. The Ministry of Defense, in addition to accessing the national network of rehabilitation and vocational training centers, also provides its own extensive program of vocational rehabilitation services for disabled veterans. These include in addition to disability pensions; medical care and rehabilitation, psychological counseling, education, vocational training, job placement, loan funds for small business development and assistance in purchasing vehicles. Vocational rehabilitation is also provided to dependents and widows of veterans. In addition, the Ministry of Defense contributes heavily to specialized rehabilitation facilities for the brain injured which provide extensive medical, psychological, cognitive and vocational rehabilitation services. Assistance is comprehensive and can include use of National Insurance and Ministry of Labor and Social Affairs programs. The Ministry has established decentralized area offices for providing services. Each disabled veteran is entitled to services and is assigned a social worker to coordinate service provision. There is a division of labor between social workers and placement specialists but cases are generally handled on a team basis. Over the past ten years, the Ministry has also embarked on a program to construct sports, rehabilitation and social centers for disabled veterans. The prototype center, Beit Halochem, near Tel Aviv, is one of the finest comprehensive recreational rehabilitation facilities in the world. The concept of the centers is to provide a supportive environment for disabled veterans and their families to improve motivation

through social integration. These facilities are proving to be highly successful and clearly represent an innovative approach to social rehabilitation.

The Lowenstein Rehabilitation Hospital and Vocational Rehabilitation Training Center is the tenth largest such center in the world and is designed to provide highly integrated physical, psychological, social and vocational rehabilitation services. The Vocational Rehabilitation Center is funded by the Ministry of Labor and Social Affairs, the National Insurance Institute, and the Health Insurance Institute of the Federation of Labor in Israel (Histadrut), as well as through private contributions. The Center provides comprehensive vocational rehabilitation for the purpose of restoring disabled persons to gainful and competitive employment. Eligibility for services is open to people of employment. Eligibility for services is open to people of employable age who have been physically, mentally or emotionally impaired by disease, accident or congenital abnormalities to the degree that they cannot carry out normal or useful occupational activities. Custom designed individual vocational rehabilitation programs are developed for each trainee to enable each person to achieve maximum levels of functioning. The Center provides training to those who may never have had any occupational experience, to those who must learn new occupations and to those requiring enhancement of their existing skills. Clients are referred from the hospital itself, from other hospitals and clinics, the Labor Exchange, the National Insurance Institute, other rehabilitation centers, vocational evaluation centers, industrial physicians, industries, the Ministry of Defense, Mental hospitals, community agencies, etc. The program of service is comprehensive involving medical/functional assessment of residual abilities, vocational evaluation to determine needs, interests and abilities and required training and psychological evaluation to establish motivational level and needed psycho-social support for the client. A variety of job related courses are available including, office skills (secretarial, bookkeeping, accounting), quality control, technical drawing, fine

mechanics, electronics, computer programming, fashion, etc. Courses are continually updated, modified or changed based on labor requirement in the economy. Basically, the Center offers comprehensive state-of-the-art vocational rehabilitation and emphasizes accurate assessment of functional capacities, medical and psychological intervention, carefully designed vocational training and follow-through assistance with job placement. The association of the Center with the major rehabilitation hospital in Israel permits a continuous flow of new information, evaluation and treatment innovations for the disabled participating invocational rehabilitation programming.

Two additional types of vocational rehabilitation programs are sheltered employment and private industry efforts. To an extent, sheltered employment programs have developed to accommodate increasing numbers of the disabled who are not capable of employment in the regular market. The largest workshop system, Hameshakem Ltd., is supported by the Israeli government and through various workshops accepts clients from all the sources of referral mentioned earlier. About 5,000 persons are employed in such facilities and generally earn 80 percent of the minimum wage while receiving other fringe benefits including transportation, health benefits, etc. About 25 percent of the clients are over age 55 and most have chronic disabilities. Although some persons leave sheltered employment for regular competitive work, their numbers are small. Sheltered workshops secure contracts in such areas as printing, forms assembly, light metal work, sewing, etc. Overflow work is sometimes sub-contracted to an organization called Telem -- employment organizations of the elderly which operate in communities. While sheltered workshops clearly involve productive activity, they perform few vocational rehabilitation functions and primarily provide ongoing alternate employment opportunities for the disabled.

Israeli industry has certainly recognized the growing problem of disability and has historically developed special job placement arrangements for disabled vaterans. Employers are concerned about the growth of the General Disability Program and the increasing numbers of persons in sheltered workshops. However, few formalized private sector disability placement programs exist on a national basis. On the other hand, many industries have developed long-term relationships with various rehabilitation centers and placement programs and informally allocate job slots for disabled persons. Reflecting Israeli society in general, employers are interested in practical solutions to their manpower problems. They are willing to cooperate with vocational training and placement programs but are primarily interested in securing motivated employees who can perform the required work albeit with some accommodation. As yet there is no one accepted model for employer participation in vocational rehabilitation programs. There is however some experimentation in progress through use of some of the more sophisticated vocational rehabilitation programs outlined earlier. There are in addition a small number of employer programs exclusively for older workers and a number of sheltered employment settings for the older disabled person. One of the most notable of these is known as "Lifeline for the Old" and provides a variety of occupational activities for many severly impaired older persons.

Research and Experimentation

Even though resources for rehabilitation services are inadequate to meet the needs of clients, a number of promising research studies have been undertaken by Israeli rehabilitation research professionals. These involve basic research on improving functional capacity, evaluating functional skills for jobs and improving the efficiency of service delivery. In the basic research area, studies are focused on neurophysiology, cardiovascular disease and industrial stress and psychophysiological studies of mental

load, fatigue, brain injury and work capacity. Work in the area of psycho-social support and stress has also been initiated. In the assessment area, very recent research is being directed to developing job specific functional assessment instruments which can be used to evaluate potential job readiness and need for training. Finally, an experimental rapid disability intake and evaluation system is now being tested to permit one day eligibility determinations and initial functional evaluations so that clients can be moved rapidly to appropriate vocational rehabilitation services. In addition, a number of projects are examining methods to improve functional capacity of the brain injured.

Israeli Practice and U.S. Applications

The extent to which practices in Israel can be adopted in the United States or elsewhere is not easily determined. As a first step it is useful to identify some of the most innovative aspects of Israeli policies and practices for consideration. Among those noted in the study visit, the following warrant the greatest attention in terms of transfer potential:

1. It is clear that service efficiency is significantly enhanced through legally required rehabilitation evaluations for persons eligible to receive disability income benefits. Lack of linkage can clearly result in lower referral rates and loss of control over the potential rehabilitation population.

2. Interrelationships between rehabilitation facilities and multiple users lead to increased efficiency in terms of serving more clients and providing them with appropriate services.

3. Individual client assessment based on team approaches leads to improved diagnosis and rehabilitation planning.

4. Closely related physical, social and vocational rehabilitation services can produce improved vocational rehabilitation success rates.

5. Clearer delineation of case management authority often leads to improved service integration and improved placement outcomes.

6. Flexibility in use of various types of facilities and decentralized intake and evaluation may increase participation of older persons in vocational rehabilitation services.

7. Team approaches to service provision and specialized placement personnel lead to improved employment outcomes.

8. A continuum of placement options assists the older disabled to remain productive.

9. Specialized multi-service programs, while costly, can be effective in successfully rehabilitating disabled persons with severe impairments.

It is clear that Israel's multi-faceted rehabilitation system may be no less complicated in its context than that of the U.S. However, over a relatively brief period of time, an extensive rehabilitation system has developed which seeks to efficiently use facilities, develop increasingly sensitive and employment related functional assessment tools, provide a variety of facilities to assist clients with differing levels of need, and have specialized programs for the severely impaired. All of this takes place in the context of providing assistance on an age-integrated basis where exclusions and limitations may occur in employment placement but not in access to vocational rehabilitation services. Such an age-irrelevant approach may be particularly appropriate for the United States where there has been little emphasis on special rehabilitation efforts for the older disabled.

TABLE 1

Study Visit to Israel - Discussions and Site Visits

| Organization/Facility | Persons(s) Visited |
|---|---|
| Department of Rehabilitation, National Insurance Institute | Ms. Bracha Ben Zvi, Director |
| Research Department, National Insurance Institute | Ms. Brenda Morganstein |
| Rehabilitation Services Administration, Ministry of Labor and Social Affairs | Dr. Yehuda Shiff, Director |
| ESHEL - Association for the Planning and Development of Services to the Aged | Mr. Uri Laor, Director |
| Employment Service, Ministry of Labor and Social Affairs | Mr. Atar Katz, Deputy Director |
| Ministry of Labor and Social Affairs | Mr. Shlomo Amir, Adviser to the Minister |
| Rehabilitation Center, Tel Giborim | Ms. Ilana Katz, Director |
| Lowenstein Rehabilitation Hospital and Center for Vocational Rehabilitation and Training | Dr. Shmuel Melamed, Director of Research<br>Dr. Theodore Najenson, Director of the Hospital |
| Rehabilitation Department, Ministry of Defense | Mr. Arieh Fink, Director<br>Mr. Arye Isseroff, Deputy Director |
| Recananti Rehabilitation Center | Mr. Dan Hoofien, Director<br>Ms. Daffi Shafeer, Social Worker |
| Beit Halochem, Sports, Rehabilitation and Social Center | Mr. J. Luttenberg, General Manager |
| Manpower Training and Development Bureau, Ministry of Labor and Social Affairs | Mr. Yuval Rachlewsky, Director<br>Mr. Benjamin Levinson, Director, Pedagogical Department |
| Lifeline for the Old Rehabilitation Center | Ms. Myriam Mendilow, Director |
| Hameshakem Ltd. Workshop | Mr. Gerald S. Veeder, Director |

TABLE I Cont.

Study Visit to Israel - Discussions and Site Visits

| Organization/Facility | Persons(s) Visited |
|---|---|
| The Manufacturers Association of Israel | Mr. Ran Fruchtman, Director, Industrial Management Department |
| Ligat, Ltd. Clothing Manufacturers | Mr. Israel Baum, General Manager |
| Polgat Industries Ltd. | Mr. Israel Pollack, Chairman and Managing Director |
| Occupational Center for the Brain Damaged and Mentally Handicapped (Ministry of Defense) | Mr. Arye Isseroff |
| Kfar Menachem Kibbutz | Mr. Shmuel Kaspi |
| Israel Corporation of Community Centers | Ms. Nurith Stavy |
| Gaza Region Civil Administration, Social Affairs/Rehabilitation | Mr. Moshe Zhaga, Dr. Lasch |
| National Insurance Institute Tel Aviv Office | Mr. Tzvi Givoli Rehabilitation Adv. |
| Employment Service Jerusalem Office | Mrs. Ben Tzur, Director |
| Department of International Relations Ministry of Labor and Social Affairs | Mr. Avraham Lavine, Director<br>Ms. Haya Daskal, Asst. to the Director |
| Ministry of Labor and Social Affairs | Dr. Yitzhak Brick, Associate Director General<br>Mr. Shmuel Friedman, Director, Services for the Aged |

*Note: Additional discussions were held with university faculty members, Brookdale Institute Research Staff, Center for social Policy Studies in Israel, etc.

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